A Doctor Visits Ukraine

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Introduction

My granddaughter Eva is part Ukrainian.

Her father, my son-in-law, was born in Chernivtsi.

So when the editor of this prestigious journal suggested this article I of course agreed. The fact that I am indebted to him and his colleague Patrick O'Connor of the Darling Downs Health Library for their help to me over the years in sourcing and recommending texts for use in research, arranging Grand Rounds appearances, advice re ethics applications, publication etc. may also have something to do with my response.

I was fortunate in 2025 to be able to participate in some volunteer medical work in Ukraine arranged on behalf of the Christian Medical Association of Ukraine by a dynamo of a woman, Lara Wieland, who works as a GP in North Queensland, and who shared in the medical work in Ukraine.

She is also the driving force behind a charitable organization and website (OPT), which provides information about and supports the country of the grandfather who raised her.

With my family connections I am naturally disposed to support Ukraine, but it was clear to me at the onset of the invasion in 2022, including the bombing of hospitals and schools, that my workmates at Warwick Hospital were overwhelmingly of the same mind.

I will avoid politics and simply recount my experiences and impressions of the people, the country, and the war from the vantage point of a visiting Australian doctor. I can only describe my own impressions, conversations and experiences, and some details in my descriptions of the health system or the military may be incomplete or inaccurate.

Arrival

Although as stated I am consciously avoiding controversy it is surely uncontroversial to say that the flight from Australia, it being impossible to fly into Ukraine, landed in Warsaw at the airport named after the greatest ever composer of music for the piano, Frederic Chopin.

From there, travel was overland, and after delays at the border, into western Ukraine.

Travel

My first impressions were of a country devoid of tourists, with statues covered in steel mesh to protect from shrapnel, and with wood replacing glass in windows. From the beginning I was advised not to take photos of anything associated with security or the military.

Most of our travel was by overnight rail, starting with the night train from Lviv to Odesa. On later journeys in the north and east, in the early mornings, through condensation on the carriage window, could be seen scattered villages in mist-shrouded black soil steppes which stretched to the horizons, crossed by endless meandering lines of concrete dragons teeth tank barriers.

These plains could have been on the Darling Downs and I can understand how impassable to invading tanks they would be when it rains.

Along the roads, which sometimes resembled patchwork quilts, are roadblocks and military checkpoints, and beside the roads are bunkers, 'Czech hedgehogs' made from old railway line, and recruiting billboards featuring young men and women in uniform. Unlike in Australia, recruitment is done by individual army units, some of which, being well known, well led and well supplied have no trouble attracting new members, while others may struggle for numbers (which on the battlefield can be problematic - not only for the unit involved but for the units on its flanks).

The towns and cities resemble Australian or European cities, except for the destroyed and damaged apartment buildings, floral memorial tributes, bomb shelters and military cemeteries.

The students

In the early days we were privileged to provide teaching sessions for medical students and doctors in the war-ravaged but beautiful cities of Lviv, Odesa, and Kharkiv.

The students and young doctors, many of whom are multilingual, women and men, were frighteningly smart, enthusiastic and keen to learn, as are our students and young doctors in Australia.

Sadly, due to the war effort, there is a shortage of both money for equipment and senior doctors for teaching, with medical education having to be mainly online. As a result our first session of hands-on emergency simulation training at Lviv Medical University was greeted with enthusiasm, (and only once interrupted by an air raid alert).

I of course had to photograph the student accommodation to show to our students should they ever complain (not that they do); old rundown multi-story blocks with the obligatory bomb shelters beneath, and before we left we crossed the road from the University to visit the incredibly sad, ever expanding war cemetery.

Our next assignment was in Odesa, of which my main memory is not of the teaching itself, but of a 30 second 'swim' in a freezing Black Sea, the shores lined with concrete anti-invasion barricades. (Only later was I told the sea was mined).

Our final teaching assignment was in the historic city of Kharkiv. The medical university building had sustained missile damage, with blackened areas, cracks in the interior walls, and boards replacing window glass.

I was a bit disappointed with my final teaching effort, in which I felt a bit flat, possibly a result of the overnight train journey from Odesa, unlikely related to the pre-teaching consumption of something called Nemiroff, with which we were obliged to toast the hospitable medical school staff.

The mobile clinics

The Medical Association for whom we were working tries to provide mobile medical outreach clinics to isolated towns and villages where medical services are unavailable due to the war. We were also fortunate to be able to provide clinics for some military personnel in a village, and at an army base.

Doctors are in short supply in rural areas in the east, many having been channelled into the military or to large acute hospitals, some having moved to the less dangerous west of the country, and some to better paid jobs in other European countries.

From the outset I felt inadequate due to the language barrier, unfamiliarity with local customs and lack of the facilities I am used to in my usual work. I was 'a cog outside the machine', with imposter syndrome writ large.

This was despite the support of the wonderful people in the teams with which we worked, the hospitality of the local Ukrainian people with food and accommodation, and the universal amiability of the customers, our patients, civilian and military.

As well as we two Australian doctors our teams comprised nurses, and volunteers to help with logistics, setting up, medication dispensing, driving, cooking and other tasks. Sometimes we were accompanied by a dental van.

Some volunteers were elderly and some middle aged, but many were young school or university students or workers who had taken time away from their regular jobs to help with the clinics.

We worked with interpreters, some civilian and some young medical students or interns (who after a few hours listening to and translating my routine, would sometimes cut me out entirely and fly solo).

One young volunteer was an intern at a Kyiv children's hospital where she had sometimes had to continue working while her hospital was under rocket attack, at times without electricity, with part of her hospital destroyed, boarded up windows, and unable to move to safer lower floor while having children on dialysis.

Another young interpreter was in her final year of medical studies in Ukraine. Having fled to Italy with her family at the start of the war, while living hand to mouth, she learned Italian in nine months, continued medical studies at the university of Bologna, and was soon to sit for final exams in both countries.

Our first clinic was in a village in which most of the houses had been destroyed and most of the inhabitants had fled. Across a cratered laneway, under a grey cloud scudding sky, was an abandoned primary school with bomb damaged classrooms, long grass in the playground, and swings moving eerily in the wind.

My consult room, on the second floor of one of the few remaining buildings, had old shrapnel scarred internal walls, a table, chairs for the patient, myself and my interpreter, no running water, no electricity, and a door which wouldn't shut.

Our later mobile clinics were in relatively undamaged towns and villages. At one of these the unusual concentration of people caused by our presence in the town necessitated the location among some nearby trees of soldiers with a ute set up as a 'drone jammer'.

The civilian patients

At work in Warwick I often have the feeling that patients expect me to fix ailments which aren't always fixable, may improve with time, and are simply manifestations of the aging human condition. Consequently after many consultations I feel stressed at what I perceive as the patient's disappointment with the lack of a result.

Also in Australia there is great preoccupation by us doctors with whether patients are being 'compliant' with their treatment.

The Ukrainian patients, almost none of whom are older than 75, described their symptoms, (some of which had been present for years but with no opportunity to

see a doctor), listened politely to what I had to say (via my interpreter), and at the end of the consultation smiled, and left, possibly with a small supply of tablets.

I gradually came to believe they were thinking ….. 'I didn't really expect you could fix anything doc, just floating the idea, thanks for listening, I'll just put up with it, try a herbal medicine my neighbour grows, or get some tablets from the chemist'.

After a while I found this low expectation and amiable disobedience strangely comforting, even refreshing, whereas my instinctive reaction in Australia would have been one of disappointment or annoyance.

I think underlying many patients' symptoms was the stress of the war and the subconscious knowledge that a missile or bomb could land on their roof at any time.

I was very stressed by my inability to really be of any help in one short visit, and all I could do was listen thoughtfully, examine carefully, and reassure the person in front of me that on balance their health would be OK.

In general, the medical scene in rural Ukraine struck me as rather chaotic. Most medicines, including antibiotics, can be bought over the counter at the chemist without a prescription. This is problematic, but government plans to reorder the health system from 2023 have had to be put on hold because of the war.

A patient's choice of medication depends not so much on a doctor's advice or prescription, still less on evidence, but on advertisements, recommendations of a neighbour, what the chemist happens to have in stock, and ultimately cost. Drugs made in Ukraine, India or Romania for example may be less expensive than those from Germany or the US.

Unlike in Australia there is little concern for the long term or preventive aspects of medicine. People would often only take blood pressure tablets intermittently depending on how they felt on the day, and seemed sceptical of my suggestion that they take tablets regularly.

The soldiers

I spent my birthday in 2025 with soldiers on a large army base partly hidden in woods to counter drone attacks.

This is largely a volunteer army of young and middle-aged Ukrainians who have left their regular jobs to serve in the defence of their country.

I saw young mothers on leave to care for sick children, and a captain accompanying a sergeant, she (the captain) to make sure that he (the sergeant) listened to the

doctor and obeyed orders. He was inclined to be fatalistic and unconcerned about his long term health, which I suppose is understandable when you could be dead in a week.

As well as the usual medical issues such as menstrual problems, hypertension or joint strains, many soldiers are suffering from the physical effects of war. Ear damage, headaches and vertigo were common, related to frequent proximity to explosions and gunfire. Few soldiers did not have the scars of a wound or surgery. Almost all (male) soldiers smoked as relaxation. One who showed me his hospital discharge summary after a heart attack 3 months before and was now back at the front had a pack of cigarettes in the top pocket of his uniform. I was briefly tempted to suggest he stop smoking after his heart attack but realised this was unrealistic. I did however suggest he stop after the war.

And everyone was stressed (including the base psychologist).

Frontline medicine, a snapshot

I was never near the frontline, so this is my impressions following conversations with doctors or soldiers who were.

In Ukraine the response to frontline injuries is not like that we are used to seeing in movies featuring modern American or European armies in conflicts such as the Gulf Wars or even Vietnam.

The shortage of well-trained medics and equipment is one difference, but the main thing is lack of control of the airspace.

Russian drones, aircraft and missiles make evacuation of injured soldiers impossible during daylight, and difficult at night, causing delays for hours or days in the treatment of critical injuries. Evacuating an injured soldier back to a field hospital may result not only in his death but the death of the soldier accompanying him or her. Casualties accumulate waiting for a moonless night, during which time the rear field hospitals are quiet, only to be overwhelmed by the sudden arrival of many casualties at once when the opportunity occurs.

The area under attack can change rapidly, but without control of the skies there may be long delays before field hospitals are able to move to a new area of conflict.
I was told that the major causes of death were shock from blood loss, hypothermia, acidosis, and infection.

Wounds cannot be adequately cleaned at the front while under constant attack, and the delay in reaching definitive treatment together with widespread antibiotic

resistance means that although patients' injuries may be managed, many later succumb to untreatable infections.

Haemorrhage from limbs damaged by explosions or shrapnel is a major cause of death and all soldiers carry four tourniquets, one on their belt, one on their shoulder and two in their packs.

The training centre at Kharkiv University is noticeably different from ours in Australia for the piles of artificial severed limbs and tourniquets. In Warwick Hospital ED we have one tourniquet, although most of us probably don't know where it is kept.

While tourniquets save lives, they also cost limbs, and avoidable limb loss resulting from suboptimal tourniquet management combined with delays to evacuation is a major ongoing problem with terrible consequences for the people involved.

Although every soldier knows their blood group and that of their comrades, the only available medics may be volunteers with only two weeks training, and this, together with the chaotic and dangerous environment, makes standard trauma management including intravenous drugs, fluids, blood transfusion or intubation impossible.

Every fourth soldier may carry Tranexamic acid (which is given IM rather than IV), a haemostatic syringe, morphine, and a haemostatic clamp device, and medics may also have chest seals, pelvic binders, chemical blankets to warm shocked patients, and sometimes an intraosseous gun.

The tragedy of Ukraine

A father in uniform returning to the front walks into Kharkiv railway station, his small daughter on his shoulders, holding his wife's hand on one side, towing his suitcase with the other.

A flower covered tribute on blackened playground equipment among damaged apartment blocks.

Side by side photographic memorials of two young women soldiers among the many in the growing military cemetery in Bohodukhiv.

A still cheerful 22 year old volunteer medic who after only three weeks in the army is now in hospital in Kyiv having had one leg amputated and undergoing surgery to save the other, while young soldiers in adjacent beds lie quietly staring at the ceiling.

These are some of my memories.

In the chaos of war wives and children sometimes struggle without a secure income, not knowing if their missing husbands and fathers are dead or in a Russian prison.

For nearly four years, as well as missile and drone attacks, aircraft have been taking off nightly along the Russian border, sometimes to launch missiles, but often just to trigger air raid alerts waking tired people and forcing them into shelters, only for the planes to land again.

All this designed to grind down the morale of the Ukrainian people who are exhausted but remain determined.

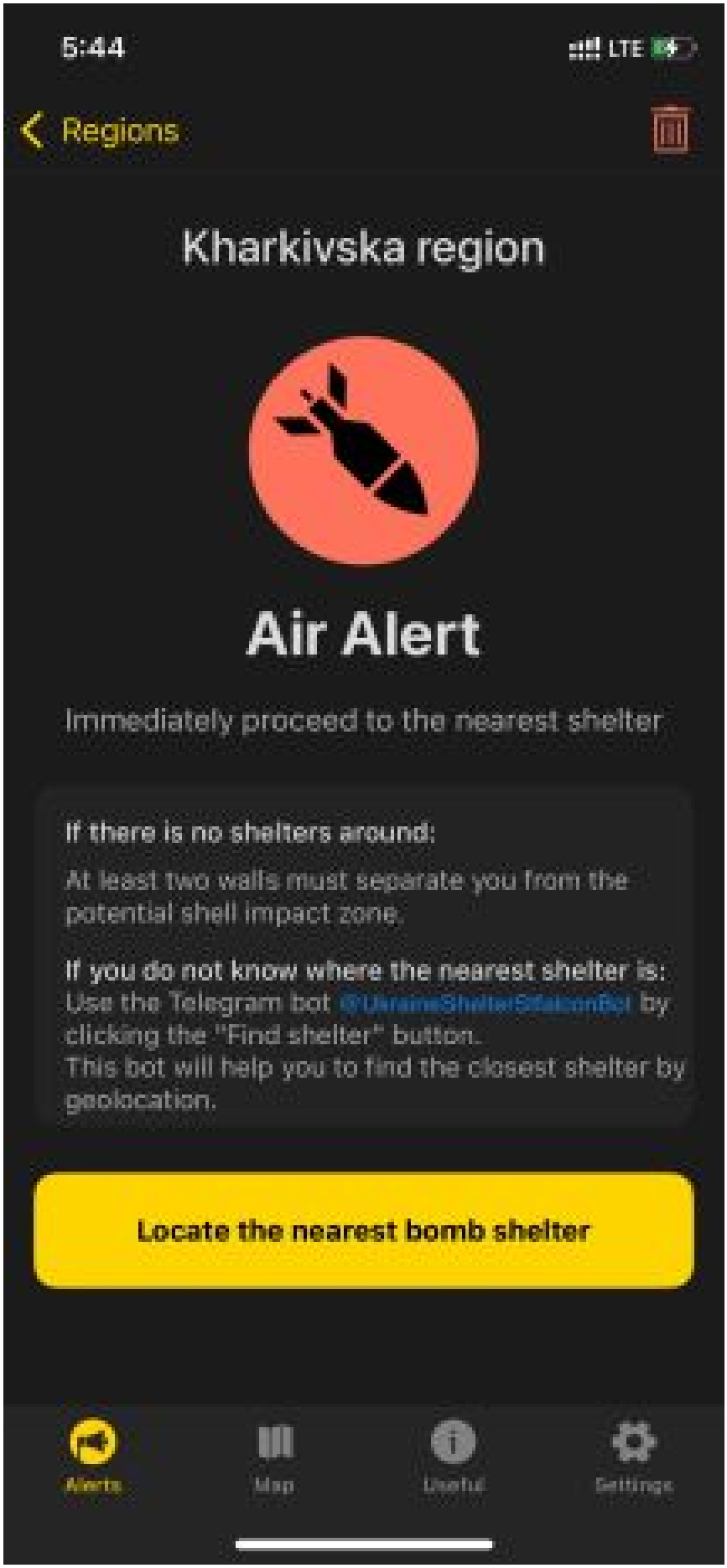
Ukraine is not as economically well off as we in Australia, and after this war ends the country will take many years to recover.

As well as the physical rebuilding there will have to be an emotional rebuilding, including for the many traumatised ex-military amputees too ashamed and depressed to leave their homes.

As a result of this visit I have an immense respect for the people of Ukraine, with a mainly volunteer citizen army, men, women, fathers, mothers, sisters, brothers, sons and daughters, who continue to defend their country against the attack of a more powerful neighbour, together with the many civilian volunteers including those involved in the medical clinics of which for a short time and in a very small way I was privileged to be a part.


МІСЦЕ ДЛЯ
УКРИТТЯ


КІМНАТИ ВІДПОЧИНКУ
REST ROOMS
КАСИ
TICKET OFFICE
ТУАЛЕТ
TOILET
ДОВІДКОВЕ БЮРО
INFORMATION BUREAU
БОМБОСХОВИЩЕ
BOMB SHELTER
ЧЕРГОВИЙ ПО ВОКЗАЛУ
STATION ATTENDANT
КАМЕРИ ЗБЕРІГАННЯ
LUGGAGE STORAGE
ВИХІД ДО МІСТА
EXIT TO CITY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LTE
Regions
Kharkivska region
Air Alert
Immediately proceed to the nearest shelter
If there is no shelters around:
At least two walls must separate you from the potential shell impact zone.
If you do not know where the nearest shelter is:
Use the Telegram bot by clicking the "Find shelter" button.
This bot will help you to find the closest shelter by geolocation.
Locate the nearest bomb shelter
Alerts
Map
Useful
Settings


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